## **Indiana State Police Memorial License Plate Application**

Plate Year 2005

Name as it appears on registration:	Applicant Signature:
Street Address:	City, State, Zip Code:
Telephone Number and/or e-mail address:	Indiana State Police
Social Security Number:	Date of Birth: mm/dd/yyyy
To order your Indiana State Police Memorial License F	Plate:
<ul> <li>This application will be validated and returned to y</li> <li>When you order your Indiana State Police Memorial by mail, include this validated application and an analysis</li> </ul>	ense plate requested. You may photocopy this form.  you. I License Plate from the license branch, either in person of additional \$15.00 for each plate requested. You will pay gyour Indiana State Police Memorial License Plate, the
Documentation of eligibility is subject to verification by verification statement must be signed.	by the Bureau of Motor Vehicles. The following
**************************************	elow This Line*****************
The applicant listed above is eligible to receive the	e Indiana State Police Memorial License Plate.
Signature of Authorized Representative	-
Printed Name and Date	SEAL
Document Control Number	